

Please type a plus sign (+) inside this box ☐

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION	Q010/PTO Rev. 6/95	U.S. Department of Commerce Patent and Trademark Office	Attorney Docket Number	310265.90236
			First Named Inventor	Carl Dvorak
			COMPLETE IF KNOWN	
			Application Number	
			Filing Date	
			Group Art Unit	
		Examiner Name		
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing				

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

HEALTHCARE INFORMATION SYSTEM WITH CLINICAL INFORMATION EXCHANGE

the specification of which

(Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT InternationalApplication Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign applications numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231. QBMAD\323059

Please type a plus sign (+) inside this box ☐

DECLARATION

Page 2

I hereby claim benefit under Title 35, United States Code §120 of any United States application(s), or §365(C) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT international application in the manner provided in the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and all continuation and divisional applications based thereon, and to transact all business in the Patent and Trademark Office connected therewith:

☐ Firm Name Customer Number or label
OR
☒ List attorney(s) and/or agent(s) name and registration number below

Name	Registration Number	Name	Registration Number
Herbert W. Mylius	24,578	Bennett J. Berson	37,094
Barry E. Sammons	25,608	Michael A. Jaskolski	37,551
Charles W. Jirauch	26,186	Richard T. Roche	38,599
Nicholas J. Seay	27,386	Terri S. Flynn	41,756
George E. Haas	27,642	John T. Pienkos	42,997
Michael J. McGovern	28,326	Daniel G. Radler	43,028
Carl R. Schwartz	29,437	Gregory M. Smith	43,136
Keith M. Baxter	31,233	Steven J. Wietrzny	44,402
John D. Franzini	31,356	Paul D. Amrozowicz	45,264
Janine R. Novatt	32,593	David M. Kettner	45,598
Jean C. Baker	35,433	Adam J. Forman	46,707
David G. Ryser	36,407	Zhibin Ren	47,897

☐ Additional attorney(s) and/or agents named on a supplemental priority sheet attached hereto

Please direct all correspondence to ☐ Customer Number or label OR ☒ Fill in correspondence address below

Name: Nicholas J. Seay
Address: Quarles & Brady LLP
Address: P O Box 2113
City: Madison State: WI Zip: 53701-2113
Country: USA Telephone: (608)251-5000 Fax: (608)251-9166

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Name of Sole or First Inventor:		A petition has been filed for this unsigned inventor	
Given	Carl	Middle	Family
			Dvorak
Inventor's Signature			Suffix
			Date
Residence:	Madison	State	WI
		Country	US
Post Office	9113 Aspen Grove Ln		
Post Office			
City	Madison	State	WI
	Zip	53717	Country
		US	Applicant Authority

☒ ☒ Additional inventors are being named on supplemental sheet(s) attached hereto

20250601 09:25:00

Please type a plus sign (+) inside this box ☐

DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet									
Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor									
Given	Khang				Middle		Family	Seow				Suffix							
Inventor's												Date							
Residence:		Madison				State	WI	Country	US				Citizenship	US					
Post Office		2781 Rosellen Avenue																	
Post Office																			
City	Madison				State	WI	Zip	53711				Country	US						
												Applicant Authority							
Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor									
Given	Charles				Middle Initial		Family Name	Young				Suffix							
Inventor's												Date							
Residence:						State		Country					Citizenship	US					
Post Office																			
Post Office																			
City					State		Zip					Country							
												Applicant Authority							
Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor									
Given					Middle		Family					Suffix							
Inventor's												Date							
Residence:						State		Country					Citizenship						
Post Office																			
Post Office																			
City					State		Zip					Country							
												Applicant Authority							
Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor									
Given					Middle		Family					Suffix							
Inventor's												Date							
Residence:						State		Country					Citizenship						
Post Office																			
Post Office																			
City					State		Zip					Country							
												Applicant Authority							

Additional inventors are being named on supplemental sheet(s) attached hereto

20250603 011001